



RHODE ISLAND DEPARTMENT OF HEALTH
Office of Drinking Water Quality
Application for the Project Priority List

Water System Name: _____

PWS ID Number: _____

System type: (circle one) Community Non Community

System Ownership: (circle one) Public Private Private non-profit

System Ownership type: (circle one)
 Cooperative County Federal Municipal Private State

Age of System: _____

Contact Person: _____ Phone: _____

Average Annual Residential Water Bill: _____ Service Area MHI: _____

Project Name/Number: _____

Anticipated Start Date: _____ Anticipated Completion Date: _____

Total Costs: _____

Project Description: _____

Reason for Project: _____

Public Health Benefits of Projects: _____

Population Served (current) By the Project: _____ By the System: _____

Number of Service Connections (current) by the Project: _____ By the System _____

Project Location

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip + 4: _____

Congressional District(s): _____

* The average annual residential water bill is based on 70,000 gallons of water per year.
The Medial Household Income (MHI) for service areas that cross municipal boundaries is the weighted average based on the number of services of each community. Supporting documentation must be provided with the application.

DOH USE ONLY

Project Ranking Criteria Summary

Points

Reviewer's Initials:

A. Health Risk and Compliance

Date: _____

B. Economic Factors

C. Capacity Development

Comments:

D. Special Incentives

E. System Type

F. Town where water system is located
has a State approved Affordable
Housing Plan

Total Points
